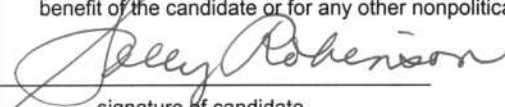
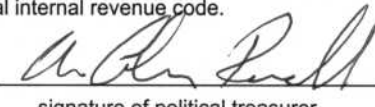
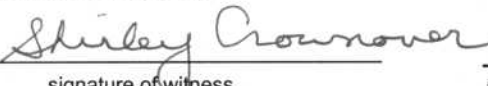
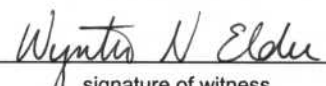


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1/29/2010		2.a. NAME OF CANDIDATE OR COMMITTEE Citizens to Re-Elect Sally Robinson	
2.b. IF COMMITTEE, NAME OF CANDIDATE Sally Robinson		3. ELECTION DATE 03/03/09	
4.a. CAMPAIGN ADDRESS AND PHONE			
Street or Rural Route 1136 Constitution Drive	City Chattanooga	State TN	Zip Code 37405
		Phone (423) 266-1776	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)			
Street or Rural Route 1136 Constitution Drive	City Chattanooga	State TN	Zip Code 37405
		Phone (423) 266-1776	
5. OFFICE SOUGHT (include district number, if applicable) City Council, District 2		6. NAME OF POLITICAL TREASURER (may be candidate) W. Coleman Powell, CPA	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER	<input type="checkbox"/> SECOND QUARTER	<input type="checkbox"/> THIRD QUARTER	<input type="checkbox"/> FOURTH QUARTER
<input type="checkbox"/> PRE- PRIMARY		<input type="checkbox"/> PRE- GENERAL	
<input type="checkbox"/> MID-YEAR SUPPLEMENTAL		<input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 07/01/09		8.b. ENDING DATE OF REPORTING PERIOD 01/15/10	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)			
b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
 signature of candidate		 signature of political treasurer	
1/29/2010 date		1/28/2010 date	
11. WITNESS SIGNATURE			
 signature of witness		 signature of witness	
1-29-10 date		1/28/2010 date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT.....		\$ 4,412.01	
b. TOTAL RECEIPTS THIS PERIOD.....		\$ -	
c. TOTAL DISBURSEMENTS THIS PERIOD.....		\$ 2,254.00	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.).....		\$ 2,158.01	
e. TOTAL LOANS OUTSTANDING.....		\$ -	
f. TOTAL OBLIGATIONS OUTSTANDING.....		\$ -	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Citizens to Re-Elect Sally Robinson	14. REPORT COVERING THE PERIOD	
	FROM: 07/01/09	TO: 1/15/10

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period).....	\$ -
b. Itemized Contributions (over \$100 from each source this period).....	\$ -
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).....	\$ -
16. LOANS RECEIVED THIS REPORTING PERIOD.....	\$ -
17. INTEREST RECEIVED THIS REPORTING PERIOD.....	\$ -
18. TOTAL RECEIPTS (add 15.c., 16., and 17.)(must be shown in item 12.b.).....	\$ -

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period)(must be listed by category - e.g., printing, postage, gasoline)	
SunTrust Bank - check image statement fees (4 separate \$1 fees)	\$ 4.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total of Expenditures (\$100 or less each payee).....	\$ 4.00
b. Itemized Expenditures (Over \$100 each payee this period).....	\$ 2,250.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.).....	\$ 2,254.00
20. LOAN REPAYMENTS MADE THIS PERIOD.....	\$ -
21. TOTAL DISBURSEMENTS (add 19.c. and 20.)(must be shown in item 12.c.).....	\$ 2,254.00

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period).....	\$	-
b. Itemized in-kind contributions (over \$100 from each source this period).....	\$	-
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (ADD 22.a. AND 22.b.).....	\$	-

23.OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each).....	\$	-
b. Itemized Obligations Outstanding (Over \$100 each).....	\$	-
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.)(must be shown in item 12.f.).....	\$	-

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Citizens to Re-Elect Sally Robinson			2. REPORT COVERING THE PERIOD FROM: 07/01/09 TO: 01/15/10	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount \$ -	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
			Contribution to the Allied Arts	\$250
Last Name/Business Name				
Allied Arts of Greater Chattanooga				
Address 406 Frazier Ave.				
City	State	Zip Code		
Chattanooga	TN	37405		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
			Contribution to Arts & Education Council	\$1,000
Last Name/Business Name				
Arts & Education Council of Chattanooga				
Address 3069 Broad St., Ste 2				
City	State	Zip Code		
Chattanooga	TN	37408		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
			Contribution to Friends of Moccassin Bend	\$1,000
Last Name/Business Name				
Friends of Moccassin Bend National Park				
Address 3069 Broad St., Ste 2				
City	State	Zip Code		
Chattanooga	TN	37402		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
First Name		Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				
Address				
City	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES				\$ 2,250.00
(Carry forward to item 3. of next page if additional pages of this form are used.)				
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				